fat is often taken too literally, as a tolerance for fats may often be established by giving a very low fat percentage for a considerable time and gradually increasing it. Ladd emphasizes two essential points. One is that the percentage of one element pushed beyond the child's digestive ability unfavorably affects the digestion of all the other elements. The second is, that if one element, such as fat, is kept very low; much higher percentages of the other elements can be given. The digestibility of fat depends largely on the character of the carbohydrates and the exhibition of casein in an easily digestible form. The regulation of the quantity of each feeding, the intervals between, and the number of feedings are equally as important as the percentage composition. Ladd speaks highly of the "eiweismilch" of Finkelstein and Meyer who believe that the whey constituents of cow's milk cause its indigestibility. This mixture is given in cases of diarrhea with good results, but the inconvenience of its preparation is an objection. Much of the feeling against fats arises from three causes. These are too rapid increase of fat percentages, errors in the composition of formulæ, and insufficient quantities of lime to saponify the fatty acids. In Ladd's studies of 82 cases it was found that the addition of malt sugar to whey mixtures instead of milk sugar increases the rate of gain in weight. There were no deleterious effects from a prolonged use of whey elements. The use of malt preparations with barley exceeded in efficiency the plain cream mixtures and the plain whey mixtures with milk sugar. Superheating the milk in malt mixtures neither increased nor diminished the nutritive value. Many babies today are being underfed in fat percentages. The danger of scorbutus in superheated malt mixtures is minimized by the daily administration of small doses of orange juice.

Inclusion Bodies in the Blood in Scarlet Fever.—MATTHIAS NICOLL and ANNA WILLIAMS (*Archives of Pediatrics*, 1912, xxix, 350) studied blood smears from 51 cases of scarlet fever and 25 control cases to test out the finding of inclusion bodies reported by Professor Dohle, of Kiel, and Martin Kretschmar, of Strassburg. Dohle, in 30 cases of scarlet fever blood, found inclusion bodies in the polymorphonuclear leukocytes in almost every case. By various staining methods they could easily be differentiated from the nuclear substance. Inclusion bodies were found in but 3 out of a large number of control cases. These were found in pneumonia and carcinoma. Kretschmar confirmed the findings of Dohle, having found the inclusion bodies in all of 30 cases examined. In 70 controls the bodies were found in only 3 cases—one of pneumonia and two in diphtheria with streptococcus empyema. Loeffler's or Mauson's stains are recommended as simple and efficient. Nicoll and Williams have to date studied blood smears from 51 cases of scarlet fever, finding the inclusion bodies described by Dohle in 45 cases, 6 cases failing to show them. The negative cases all had been ill for eight days or more. The positive cases had been ill less than a week, most of them less than four days. The inclusions consisted of small coccus and bacillary forms. In 24 control cases the bodies were found in 3 instances—1 of pneumonia, 1 of erysipelas, and 1 of measles with complications. The last case developed scarlatiniform rash and sore throat which was not diagnosticated as scarlet fever by the Board of Health. Nicoll and Williams feel justified in believing that a blood examination in the first week of the disease will serve to differentiate scarlet fever from measles, German measles, and probably toxic eruptions. Differentiation from eruptions in sepsis, influenza, and tonsillitis must be determined by further study.

OBSTETRICS

UNDER THE CHARGE OF

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The Diagnosis of the Pernicious Nausea of Pregnancy.—INGRAHAM (*Jour. Amer. Med. Assoc.*, February 6, 1912), in a paper in which he reviews the recent literature of pernicious nausea, draws attention to the value of the thorough administration of dextrose by enemas as an indication of insufficient formation of urea. By using definite quantities of sugar alimentary glycosuria may be produced to determine the impairment of the liver and the disturbance of the glycogenic function. In operative interference in the toxemias of preganncy, chloroform is dangerous and contraindicated. Extracts of the ductless glands should be given a thorough trial.

The Needless Interruption of Maternal Nursing.—KOPLIK (*Jour. Amer. Med. Assoc.*, January 13, 1912), in a paper on the "Nursing Infant," found that in 1007 infants, but 124 were entirely breast-fed, or 12 per cent.; 573, or 56 per cent., were breast and bottle fed babies while 28 per cent. were bottle-fed absolutely. Of those which were fed on the breast and on the bottle, 60 per cent. were put on the bottle at the fourth month, and the breast abandoned; and in only 20 per cent. of the breast-fed children was an attempt made from the start at mixed feeding, the practitioner abandoning the breast in the remaining cases, when for some reason the breast became insufficient. While it may frequently not be possible to have the infant entirely breast-fed, in these cases mixed feeding from the beginning will enable the mother to retain breast-feeding indefinitely, greatly to her advantage and the child's. Breast-feeding is too frequently abandoned for insufficient cause, and apparently mixed feeding is not considered as frequently as it should be.

Icterus Neonatorum.—HEIMANN (*Zeit. f. Geburts. u. Gynäk.*, 1911, Band lxix, Heft 1) has studied the blood of infants in varying degrees of icterus to determine the cause of this condition. He finds that these children do not differ from other children in weight, temperature, or the character of the fecal discharges. He considers the condition of icterus to be one of the blood, and largely dependent upon the fact that the child does not assimilate sufficient albuminoid food.